

Margaret M. Fox

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T (803) 799-9800  
F (803) 753-3278

June 16, 2014

Ms. Jocelyn Boyd  
Chief Clerk and Administrator  
South Carolina Public Service Commission  
Synergy Business Park, The Saluda Building  
101 Executive Center Drive  
Columbia, South Carolina 29210

Re: Federal Communications Commission WC Docket No. 10-90  
Copies of Information Required to be Filed with the FCC, USAC,  
and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. Accordingly, it is being provided to the commission under seal.

Please note that this information is being filed with the FCC and USAC for review in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

McNair Law Firm, P. A.  
1221 Main Street  
Suite 1600  
Columbia, SC 29201

Mailing Address  
Post Office Box 11390  
Columbia, SC 29211

mcnair.net

Ms. Jocelyn Boyd  
June 16, 2014  
Page 2

MCNAIR  
ATTORNEYS

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Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

McNAIR LAW FIRM, P.A.



Margaret M. Fox

MMF:rwm  
Enclosures

cc: Nanette S. Edwards, Esquire, ORS

## South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.  
Chesnee Telephone Company  
Chester Telephone Company, d/b/a TruVista  
Comporium, Inc. (f/k/a Rock Hill Telephone Company)  
Farmers Telephone Cooperative, Inc.  
Ft. Mill Telephone Company, d/b/a Comporium  
Hargray Telephone Company, Inc.  
Home Telephone ILEC, LLC d/b/a Home Telecom  
Horry Telephone Cooperative, Inc.  
Lancaster Telephone Company, d/b/a Comporium  
Lockhart Telephone Company, d/b/a TruVista  
Palmetto Rural Telephone Cooperative, Inc.  
Piedmont Rural Telephone Cooperative, Inc.  
PBT Telecom, d/b/a Comporium  
Ridgeway Telephone Company, d/b/a TruVista  
Sandhill Telephone Cooperative, Inc.  
West Carolina Rural Telephone Cooperative, Inc.

Bluffton Telephone Company, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

Printed name of Authorized Officer                      **Andrew Rein**

Title or position of Authorized Officer                      **Vice President**

Telephone number of Authorized Officer.

**( 843 ) 686-1210 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240512**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).**

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

Printed name of Authorized Officer                      **Andrew Rein**

Title or position of Authorized Officer                      **Vice President**

Telephone number of Authorized  
Officer.

**( 843 ) 686-1210 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240512**



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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Bluffton Telephone Company</b>		
Signature of Authorized Officer			Date 6/12/14
Printed name of Authorized Officer	Andrew Rein		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	( 843 ) 686-1210 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240512</b>		Filing Due Date for this form (mm/dd/yyyy)
			<b>06/16/2014</b>

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Filing Date (enter w/leading " "):  
Holding Company:  
Filing Name:

6/16/2014  
Hargray Communications Group  
Bluffton Telephone Company

ARCCTR-CAF-1

[illegible]





# REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '): 6/16/2014  
 Holding Company: Hargray Communications Group  
 Filing Name: Bluffton Telephone Company

ARC-TUP

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Bluffton Telephone Company	240512			
	Total			

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2.	Filing Entity:	Burlington Telephone Company																											
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Chesnee Telephone Company  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer  Date **June 4, 2014**

Printed name of Authorized Officer **Hannah A. Lancaster**

Title or position of Authorized Officer **President**

Telephone number or Authorized Officer. **(864) 461-2211** ext. **----** ext. **----**

Study Area Code of Reporting Carrier

**240515**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

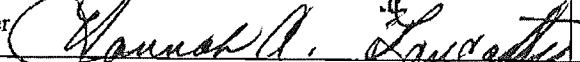
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).**

Name of Reporting Carrier                      **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer  Date                      **June 4, 2014**

Printed name of Authorized Officer                      **Hannah A. Lancaster**

Title or position of Authorized Officer                      **President**

Telephone number or Authorized Officer.                      **(864) 461-2211 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>240515</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications				
Signature of Authorized Officer			Date June 4, 2014		
Printed name of Authorized Officer	Hannah A. Lancaster				
Title or position of Authorized Officer	President				
Telephone number or Authorized Officer.	(864) 461-2211 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)	06/16/2014	

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Filing Date (enter w/leading 0): 6/16/2014  
Holding Company:  
Filing Name: Chesnee Telephone Company, Inc. d/b/a Chesnee Communications

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Filing Date (enter w/leading '):  
Holding Company:  
Filing Name:

6/16/2014

Chesnee Telephone Company, Inc. d/b/a Chesnee Communications

ARCCTRP-CAF-1

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Filing Date (enter w/leading ' '):  
Holding Company:  
Filing Name:

6/16/2014

ARC-TUP

Chesnee Telephone Company, Inc. d/b/a Chesnee Communications

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
SC: Chesnee Telephone Company	240515			
State 2 Study Area	S2StudyArea	\$ -	\$ -	\$0.00
State 3 Study Area	S3StudyArea	\$ -	\$ -	\$0.00
State 4 Study Area	S4StudyArea	\$ -	\$ -	\$0.00
Total				



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524
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Chester Telephone Company, d/b/a TruVista  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer

*Cheryl C. Wylie*

Date

*6/16/2014*

Printed name of Authorized Officer

*Cheryl C. Wylie*

Title or position of Authorized Officer

*VP Controller*

Telephone number of Authorized Officer.

*(803) 581 9133* ext. *----*

Study Area Code of Reporting Carrier

**240516**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer

*Cheryl C. Wylie*

Date

*6/10/2014*

Printed name of Authorized Officer

*Cheryl C. Wylie*

Title or position of Authorized Officer

*VP Controller*

Telephone number of Authorized Officer.

*(803) 581 9133* ext. *----*

Study Area Code of Reporting Carrier

**240516**

Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer

*Cheryl C. Wylie*

Date

*6/10/2014*

Printed name of Authorized Officer

*Cheryl C. Wylie*

Title or position of Authorized Officer

*VP Controller*

Telephone number of Authorized Officer.

*(803) 581 9133* ext. *----*

Study Area Code of Reporting Carrier

**240516**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



Filing Date (enter w/leading '0'):  
Holding Company:  
Filing Name:

6/16/2014

6/16/2014

[illegible]

Eligible Revenue - Current Yr. Recovery		Primary/NGN-Primary Residential/BRI										Total Eligible Lines	
	Study Area	All Tariff Period Projected Lines	ARC Eligible Tariff Period Projected Lines	Maximum ARC opportunity Revenue	All Tariff Period Projected Lines	ARC Eligible Tariff Period Projected Lines	Maximum ARC opportunity Revenue	All Tariff Period Projected Lines	ARC Eligible Tariff Period Projected Lines	Maximum ARC opportunity Revenue	Tariff Period Projected Line Demand	Maximum ARC opportunity Revenue	
Maximum ARC opportunity Revenue													
Maximum CAF ICC Support													
Residential Rate Ceiling: ( 51.915(b)(12) )	\$	30.00											
Maximum MLB SLIC-ARC ( 51.915(e)(5)(iv) )	\$	12.20											
Max ARC for current year: Res/SLB	\$	1.50											
Max ARC for current year: MLB	\$	3.00											
Max ARC increase per year: Res/SLB	\$	0.50											
Max ARC increase per year: MLB	\$	1.00											
Study Area Names													
Chester Telephone Company		2405316											
Lockhart Telephone Company		240532											
Ridgeway Telephone Company		240541											
Total													

Holding Company Eligible Recovery	Holding Company Maximum ARC Revenues	Maximum CAF ICC Support
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Residential Rate Ceiling: $(\$1.915/b)(12)$	\$	30.00
Maximum MIB SL/ARC $(\$1.915/e)(5)(w)$	\$	12.20
Max ARC for current year: Res/SLB	\$	1.50
Max ARC for current year: MIB	\$	3.00
Max ARC increase per year: Res/SLB	\$	0.50
Max ARC increase per year: MIB	\$	1.00

[illegible]

Filing Date (enter w/leading ' '):  
Holding Company:  
Filing Name:

ARCCTRP-CAF-1

[illegible]

4/16/2014  
Nuvista Communications, Inc.  
Nuvista Communications, Inc. d/b/a Chester Telephone Company

Illegals Revenue - Current Yr Recover-

10.00	15
12.50	5
1.50	5
3.00	15
0.50	5
1.00	5

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '0'):  
Holding Company:  
Filing Name:

6/16/2014

ARC-TUP

TruVista Communications, Inc.  
TruVista Communications, Inc. d/b/a Chester Telephone Company

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
SC: Chester Telephone Company	240516			
	Total			



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Comporium, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

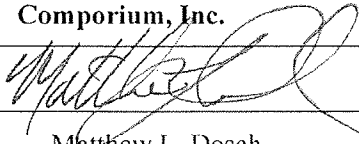
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier

**Comporium, Inc.**

Signature of Authorized Officer



Date

June 9, 2014

Printed name of Authorized Officer

**Matthew L. Dosch**

Title or position of Authorized Officer

**EVP – Customer Operations and External Affairs**

Telephone number of Authorized Officer.

**( 803 ) 326-7287 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240542**

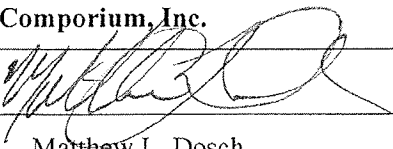
Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Comporium, Inc.				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L. Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number of Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240542		Filing Due Date for this form (mm/dd/yyyy)	06/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

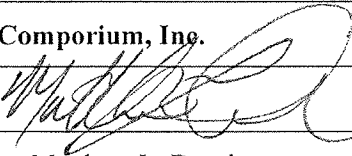
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier

**Comporium, Inc.**

Signature of Authorized Officer



Date

June 9, 2014

Printed name of Authorized Officer

Matthew L. Dosch

Title or position of Authorized Officer

FVP – Customer Operations and External Affairs

Telephone number of Authorized Officer.

( 803 ) 326-7287 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240542**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Date (enter w/leading 0): 6/16/2014  
Holding Company: Comporium Communications  
Filing Name: Comporium Inc.

[illegible]

[illegible]



5/16/2014

\$	30.00
\$	12.20
\$	1.50
\$	3.00
\$	0.50
\$	1.00

Holding Company Eligible Recovery	Holding Company Maximum ARC Revenues	Maximum CAF ICC Support
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[illegible]

Filing Date (enter w/leading '1'):  
Holding Company: Comporium Communications  
Filing Name: Comporium Inc

ARCCTR-CAF-1

[illegible]

- 3 Residential Rate Ceiling:  $53.912(0.12121)$
- 3 Maximum MIB S/C-ABC:  $53.912(0.12121)$
- 3 Mass ABC for current year:  $Rev/SLE$
- 3 Mass ABC for current year:  $MCI$
- 3 Mass ABC increase per year:  $Rev/SLE$
- 3 Mass ABC increase per year:  $MCI$

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '):  
 Holding Company: Comporium Communications  
 Filing Name: Comporium Inc.

6/16/2014

ARC-TUP

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Comporium Inc.	240542			
State 2 Study Area	S2StudyArea	\$ -	\$ -	\$0.00
State 3 Study Area	S3StudyArea	\$ -	\$ -	\$0.00
State 4 Study Area	S4StudyArea	\$ -	\$ -	\$0.00
Total				

[illegible]





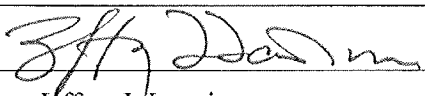




Farmers Telephone Cooperative, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

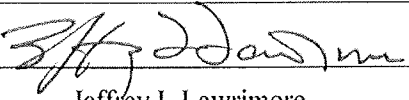
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Farmers Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer				Date	<b>6/13/14</b>
Printed name of Authorized Officer	<b>Jeffrey L. Lawrimore</b>				
Title or position of Authorized Officer	<b>Chief Financial Officer</b>				
Telephone number of Authorized Officer.	<b>( 843 ) 382 1381 ext. _ _ _ _</b>				
Study Area Code of Reporting Carrier	<b>240520</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).**

Name of Reporting Carrier	<b>Farmers Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer				Date	6/12/14
Printed name of Authorized Officer	Jeffrey L Lawrimore				
Title or position of Authorized Officer	Chief Financial Officer				
Telephone number or Authorized Officer.	( 843 ) 382 1381 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier                      **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

*6/12/14*

Printed name of Authorized Officer

Jeffrey L Lawrimore

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized  
Officer.

( 843 ) 1382 1381 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240520**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Selling Date (enter w/loading ):  
Holding Company:  
Selling Name:

Farmer Telephone Cooperative for

	S2StudyArea	State2 Exempl
	S2StudyArea	Exempl

	S2StudyArea	State2 Exempl
	S2StudyArea	Exempl





REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '1'):		6/16/2014		Filing Name:		Farmers Telephone Cooperative, Inc.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Billing Date (enter w/leading 7):

Holding Company.

Table Revenue - Current Y, Recd

Maximum Imputed ABC Revenue

Unaffiliated AGC Revenue

Residential Rate Code: (5) 015B

Académie Méd. Sci. • ABC (51.915)

Max AIC for current year: Key/Sk  
Max AIC for current year: M11

Annual AIC increase per year; kg/yr

10/20/2010

Scale	Excerpt
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[illegible]

REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '0'):  
Holding Company:  
Filing Name:

6/16/2014

ARC-TUP

Farmers Telephone Cooperative, Inc.

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Farmers Telephone Cooperative, Inc.	240520			
State 2 Study Area	S2StudyArea	\$ -	\$ -	\$0.00
State 3 Study Area	S3StudyArea	\$ -	\$ -	\$0.00
State 4 Study Area	S4StudyArea	\$ -	\$ -	\$0.00
Total				

[illegible]

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
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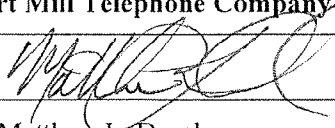




Ft. Mill Telephone Company, d/b/a Comporium  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

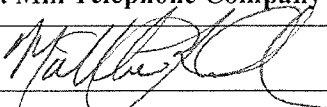
Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L. Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number or Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>240521</b>		Filing Due Date for this form (mm/dd/yyyy)	06/17/2013	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

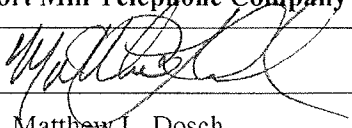
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).**

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number of Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240521		Filing Due Date for this form (mm/dd/yyyy)	06/17/2013	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L. Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number or Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>240521</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2013</b>	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Date (enter w/leading 1): 6/16/2014  
Holding Company: Comporium Communications  
Filing Name: Fort Mill Telephone Company d/b/a Comporium Communications

ARCCTRIP-CAF-1

[illegible]

Eligible Revenue - Current Year Recovery	Allocations Imputed ABC Revenue	Imputed ABC Revenue	Expected CABC Support

$$\text{Liquid Revenue} - \text{Current Yr Recovery}$$

Residential Rate Ceiling: $(\$1.92/(\text{N} \times 12))$	\$	10.00
Maximum M/B: $\text{ABC} / (\$1.92/(\text{N} \times 12))$	\$	12.20
Minimum ABC for current year: $\text{Rev}/\text{SLB}$	\$	1.50
Mass ABC for current year: M/B	\$	3.00
Mass ABC increase per year: $\text{Rev}/\text{SLB}$	\$	0.50
Mass ABC increase per year: M/B	\$	3.00

[illegible]

REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '):  
Holding Company:  
Filing Name:

6/16/2014  
Comporium Communications  
Fort Mill Telephone Company d/b/a Comporium Communications

ARC-TUP

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Fort Mill Telephone Company d/b/a Comporium Communications	240521			
State 2 Study Area	S2StudyArea	\$ -	\$ -	\$0.00
State 3 Study Area	S3StudyArea	\$ -	\$ -	\$0.00
State 4 Study Area	S4StudyArea	\$ -	\$ -	\$0.00
Total				

[illegible]







office switching, landline switching and common language

2020

Note 2 This worksheet, the 2016 Roll ILC Rec Corps worksheet, has both non-shaded and shaded cells. Both types of cells must be populated with data and formulas.

Journal Pre-proof



Hargray Telephone Company, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Hargray Telephone Company</b>		
Signature of Authorized Officer			Date 6/12/14
Printed name of Authorized Officer	Andrew Rein		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	( 843 ) 686-1210 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240523</b>		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).**

Name of Reporting Carrier                      **Hargray Telephone Company**

Signature of Authorized Officer



Date 6/12/14

Printed name of Authorized Officer

**Andrew Rein**

Title or position of Authorized Officer

**Vice President**

Telephone number or Authorized  
Officer.

**( 843 ) 686-1210 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240523**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier                      **Hargray Telephone Company**

Signature of Authorized Officer



Date 6/12/14

Printed name of Authorized Officer

**Andrew Rein**

Title or position of Authorized Officer

**Vice President**

Telephone number of Authorized  
Officer.

**( 843 ) 686-1210 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240523**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Date (enter w/leading ' '):  
Holding Company:  
Filing Name:

[illegible]

REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '):

Holding Company:

Hargray &amp; Bluffton Telephone Companies

Hargray &amp; Bluffton Telephone Companies

6/16/2014

Hargray Communications Group

Hargray &amp; Bluffton Telephone Companies

Eligible Revenue - Current Yr Recovery

Maximum ARC opportunity Revenue  
Maximum CAF ICC Support

Residential Rate Ceiling: ( 51.915(b)(12) )

Maximum MLB SLC+ARC (51.915[c])

Max ARC for current year: Res/SLB

Max ARC for current year: RES/SLB  
Max ARC for current year: MLB

Max ARC for current year: MLB  
Max ARC increase per year: Res/SLB

Max ARC increase per year: RES/3LO  
Max ARC increase per year: MLB

[illegible]

## ARC-CAF-3

Hargray Communications Group  
Hargray & Bluffton Telephone Companies

	Holding Company Eligible Recovery	Holding Company Maximum ATRC Revenues	Maximum CAF ICC Support
Residential Rate Ceiling: ( \$1.915(b)(12) )	\$ 30.00		
Maximum MLB SLIC-ARCC ( \$1.915(e)(5)(iv) )	\$ 12.20		
Max ARCC for current year: Res/SLB	\$ 1.50		
Max ARCC for current year: MLB	\$ 3.00		
Max ARCC increase per year: Res/SLB	\$ 0.50		
Max ARCC increase per year: MLB	\$ 1.00		

[illegible]



Filing Date (enter w/leading '1'):  
Holding Company:  
Filing Name:

6/16/2014

6/16/2014  
Hargray Communications Group  
Hargray Telephone Company

ARCRCTRP-CAF-1

[illegible]

Unaffiliated ABC Revenue = Expected CAS ICC Surplus

Residual: Kate Cerling:  $(53.9156(b)(2))$   
Maximum MLR SLT-ABC:  $(51.9156)(5)(w)$   
Max ABC for current year:  $Res/SLT$   
Max ABC for current year:  $MLT$   
Max ABC increase per year:  $Res/SLT$   
Max ABC increase per year:  $MLT$

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '): 6/16/2014  
 Holding Company: Hargray Communications Group  
 Filing Name: Hargray Telephone Company

ARC-TUP

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Hargray Telephone Company	240523			
Total				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Home Telephone ILEC, LLC d/b/a Home Telecom  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303



**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**


**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier		Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer		Date	
		6/11/14	
Printed name of Authorized Officer		William S. Helmly.	
Title or position of Authorized Officer		President & COO	
Telephone number or Authorized Officer.		(843) 761 9101 ext. ----	
Study Area Code of Reporting Carrier	240527	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom
---------------------------	---

Signature of Authorized Officer		Date	6/11/14
---------------------------------	---	------	---------

Printed name of Authorized Officer	William S. Helmly
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Title or position of Authorized Officer	President & COO
---	-----------------

Telephone number or Authorized Officer.	(843) 761 9101 ext. ____
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Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)	06/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier                      **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

6/11/14

Printed name of Authorized Officer

William S. Helmly

Title or position of Authorized Officer

President + COO

Telephone number of Authorized Officer.

(843) 761 9101 ext. ----

Study Area Code of Reporting Carrier

240527

Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Date (enter w/leading '):

**Holding Company:**

Home Telephone LLC, LLC

Eligible Revenue - Current Yr Recovery

Maximum ARC opportunity Revenue  
Maximum CAF ICC Support

Residential Rate Ceiling: ( 51.915(b)(12) )  
Maximum MLB SLG-ARC ( 51.915(e)(5)(iv) )  
Max ARC for current year: Res/SLB  
Max ARC for current year: MLB  
Max ARC increase per year: Res/SLB  
Max ARC increase per year: MLB

Study Area Names	Study Area	Primary/Non Primary Residential /PS		S.B.		M.B.		Total Eligible Lines
		All Tariff Period Projected Lines	ABC Eligible Tariff Period projected Lines	Maximum ABC opportunity Revenue	All Tariff Period Projected Lines	ABC Eligible Tariff Period Projected Lines	Maximum ABC opportunity Revenue	
Yadon Valley Telephone Membership	230511							
SBC 3 Study Area	535studyArea							
SBC 1 Study Area	515studyArea							
SBC 2 Study Area	525studyArea							

[illegible]

Filing Date (enter w/leading '):  
Holding Company:  
Filing Name: Home Telephone ILEC, LLC

[illegible]

010295179

Holding Company:  
Filing Name: Home Telephone LLC, LLC

Maximum Imputed ARC Revenue

(expected) C# XCC Support

Maximum NMB SAC + ABC (5), 95% (e)SIB

Max AIC increase per year: 100

Total

Table	Exhibits/RS
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51: All Exchanges  
51:

REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '1'):

6/16/2014

ARC-TUP

Holding Company:

Filing Name:

Home Telephone ILEC, LLC

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Home Telephone ILEC, LLC	240527			
State 2 Study Area	\$2StudyArea	\$ -	\$ -	\$0.00
State 3 Study Area	\$3StudyArea	\$ -	\$ -	\$0.00
State 4 Study Area	\$4StudyArea	\$ -	\$ -	\$0.00
Total				



Filing Date (Date): June 14, 2014  
Filing Office: Nevada Telephone LLC, LLC  
Document Number: 101

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

TV 2012-2013 Eligible Recovery (Table 2)										TV 2013-2014 Eligible Recovery (Table 3)										TV 2014-2015 Eligible Recovery (Table 3)									
Line Item	CSCA	Investment NLEC																											

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Price Code	June 16, 2014	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	
File Entry	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	
File Number	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	20537	
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
1	2	3	4	5	6	7	8	9	10	11	12														

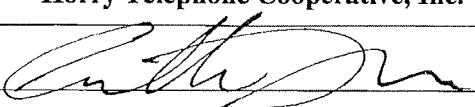


[illegible]

Horry Telephone Cooperative, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

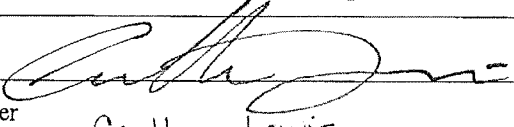
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Horry Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/5/14</b>
Printed name of Authorized Officer	<b>Carlton Lewis</b>		
Title or position of Authorized Officer	<b>CFO</b>		
Telephone number of Authorized Officer.	<b>( 8 4 3 ) 3 6 5 - 2 1 5 1 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>240528</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

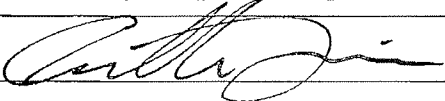
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/5/14
Printed name of Authorized Officer	Carlton Lewis		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(843) 365-2151 ext. ____		
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Horry Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	6/5/14
Printed name of Authorized Officer	Carlton Lewis		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	( 8 4 3 ) 3 6 5 - 2 1 5 1 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



ARC-CAF-2

[illegible]

Filing Date (enter w/leading '0'):

Horry Telephone Cooperative, Inc.

Holding Company Eligible Recovery	Holding Company Maximum ABC Revenues	Maximum CAF ICC Support
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[illegible]

REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '1'):  
Holding Company:  
Filing Name: Horry Telephone Cooperative, Inc.

6/16/2014

6/16/2014		ARCTICP-CAF-1	
Filing Company: Filing Name: Horry Telephone Cooperative, Inc.		ARCTICP-CAF-1	
6/16/2014		ARCTICP-CAF-1	
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6/16/2014			



REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '0'):

6/16/2014

ARC-TUP

Holding Company:

Filing Name:

Horry Telephone Cooperative, Inc.

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Horry Telephone Cooperative, Inc. State 2 Study Area State 3 Study Area State 4 Study Area	240528			
	S2StudyArea	\$ -	\$ -	\$0.00
	S3StudyArea	\$ -	\$ -	\$0.00
	S4StudyArea	\$ -	\$ -	\$0.00
Total				

[illegible]

[illegible]



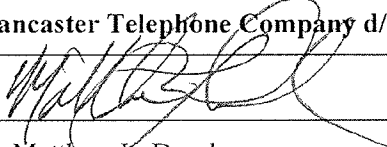




Lancaster Telephone Company, d/b/a Comporium  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

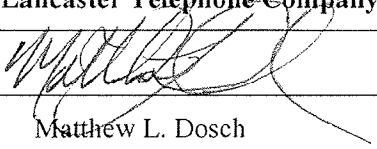
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Lancaster Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L. Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number of Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>240531</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

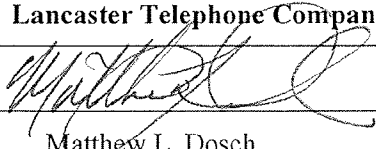
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L. Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number of Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240531		Filing Due Date for this form (mm/dd/yyyy)	06/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Lancaster Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer			Date June 9, 2014		
Printed name of Authorized Officer	Matthew L. Dosch				
Title or position of Authorized Officer	EVP – Customer Operations and External Affairs				
Telephone number of Authorized Officer.	( 803 ) 326-7287 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>240531</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Filing Date (enter w/leading '1'): 6/16/2014  
Holding Company: Comporium Communications  
Filing Name: Lancaster Telephone Company d/b/a Comporium Communications

ARCCTRP-CAF-1

[illegible]

Testing Date | enter w/loading ?:

Company Name: **Yanwen**

Line Item	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987	1986	1985	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	1613	1612
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### Maximum Imposed AIC Revenue

Unaffiliated ABC Revenue

Residual Rate Ceiling: (51.9154)(12)

Maximum  $\text{MLB} \cdot \text{SLC} \cdot \text{ARC} = 51.915(\text{e})(\text{SI}(\text{h}))$ 

Max ARC for current year: Res/SLL

Max ABC increase per year: 15%/yr

### Taxable

5073

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '0'):

6/16/2014

ARC-TUP

Holding Company: Comporium Communications

Filing Name: Lancaster Telephone Company d/b/a Comporium Communications

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
Lancaster Telephone Company d/b/a Comporium Communications	240531			
State 2 Study Area	S2StudyArea	\$ -	\$ -	\$0.00
State 3 Study Area	S3StudyArea	\$ -	\$ -	\$0.00
State 4 Study Area	S4StudyArea	\$ -	\$ -	\$0.00
Total				



[illegible]







Lockhart Telephone Company, d/b/a TruVista  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier                      **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer

*Cheryl C. Wyle*

Date

*6/16/2014*

Printed name of Authorized Officer

*Cheryl C. Wyle*

Title or position of Authorized Officer

*VP Controller*

Telephone number or Authorized  
Officer.

*(803) 581 9133* ext. *----*

Study Area Code of Reporting Carrier

**240532**

Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>
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Signature of Authorized Officer	<i>Cheryl C. Wylie</i>	Date	<i>6/16/2014</i>
---------------------------------	------------------------	------	------------------

Printed name of Authorized Officer	<i>Cheryl C. Wylie</i>
------------------------------------	------------------------

Title or position of Authorized Officer	<i>VP Controller</i>
---	----------------------

Telephone number or Authorized Officer.	<i>(803) 581 9133</i> ext. <i>----</i>
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Study Area Code of Reporting Carrier	<b>240532</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>
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Signature of Authorized Officer	<i>Cheryl C. Wylie</i>	Date	<i>6/10/2014</i>
---------------------------------	------------------------	------	------------------

Printed name of Authorized Officer	<i>Cheryl C. Wylie</i>
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Title or position of Authorized Officer	<i>VP Controller</i>
---	----------------------

Telephone number of Authorized Officer.	<i>(803) 581 9133</i> ext. <i>----</i>
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Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>	
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Study Area	Rate Ceiling Component Charges Calculation (\$1.915(b)(11))													MULTI-LINE BUSINESS				non-Centrex Previous Yr Tariffed Arc Rate	Centrex Previous Yr Tariffed Arc Rate
	RESIDENCE / NP / BRI / SLB (excluding Upliftline)													non-Centrex		Centrex			
	Stand-alone		Mandatory		Zone		State	Federal		Rate Ceiling		Rate Ceiling		Tariff Period		Tariff Period			
	B1 Rate		EAS	Charges	SLC	State	USF	SLC	Comp. Chgs W/2 ARC	Rate Ceiling Since 2012	NP / BRI Yr Tariffed Arc Rate	SLB Previous Yr Tariffed Arc Rate	Projected Lines	Projected Lines	Projected Lines	Projected Lines			
State01		\$ 14.25	-	-	-	-	\$1.00	\$0.25	\$0.56	\$6.50	\$22.56	\$1.00	\$1.00					\$2.00	\$0.00
240532 Lockhart																			
S1StudyArea Example 2	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 3	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 4	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 5	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 6	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 7	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 8	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 9	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 10	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 11	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00
S1StudyArea Example 12	-	-	-	-	-	-	\$1.00	\$0.25	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	-	-	-	-	\$0.00	\$0.00

4/16/2014  
TruVista Communications, Inc.  
TruVista Communications, Inc. d/b/a iXient Telephone Compan

Frutvite Communications, Inc. d/b/a Loxham Telephone Company

Filing Name:

Eligible Revenue - Current Yr Recover	Maximum Imputed ABC Revenue	Imputed ABC Revenue	Imputed CAS ICC Support
1000000	1000000	1000000	1000000

Eligible Revenue - Current Vs Recover

Residential Rate Ceiling:  $\{5.935\}0\{32\}$   
Maximum MLD SIC-ABC:  $\{5.935\}0\{32\}$   
Max ABC for current year: NetSIC  
Max ABC for current year: MLE  
Max ABC increase per year: NetSIC  
Max ABC increase per year: MLE

[illegible]

REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '1'):  
Holding Company:  
Filing Name:

6/16/2014  
TruVista Communications, Inc.  
TruVista Communications, Inc. d/b/a Lockhart Telephone Company

ARC-TUP

Summary by Study Area			
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC
SC: Lockhart Telephone Company	240532		
	Total		

51.915(d)(iii)(F) Eligible Recovery:  
Expected Rev for ARC less True  
Up Rev for ARC

[illegible]

[illegible]

[illegible]

21) Note 1 Use rows 16, 17, and 18 for traffic carried pursuant to reciprocal compensation agreements that specify separate rates for end office switching, tandem switching, and common transport

32 Use row 19 for traffic earned pursuant to reciprocal compensation agreements that specify only a single transport and termination rate

3.8. Model 2: You work for the World Bank in the Finance Department and are looking for a new job. You are considering two options: (a) staying at the World Bank, and (b) leaving the World Bank to work for a private company. The probability of finding a new job is 0.8. If you find a new job, you will receive a salary of \$100,000. If you do not find a new job, you will receive a salary of \$50,000. The probability of finding a new job is 0.8. If you find a new job, you will receive a salary of \$100,000. If you do not find a new job, you will receive a salary of \$50,000.

and Figure 2. This was similar, but 20% from IL-2 and 20% from IL-6. Campylobacter, like both non-enclosed and enclosed cells, both types of cells must be populated with data and formulas.

Palmetto Rural Telephone Cooperative, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:		PALMETTO RURAL COOP	
Signature of Authorized Officer:		Digitally signed by Dewaine Wilson DN cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, O=palmetto rural coop,   = , Date 5/13/2014 Date: 5/13/2014	
Printed name of Authorized Officer:		Dewaine Wilson	
Title or position of Authorized Officer:		Controller	
Telephone number of Authorized Officer:		843 538-9382	
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier:		PALMETTO RURAL COOP	
Signature of Authorized Officer or employee:		Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, O=palmetto rural coop, Date: 5/13/2014	
Printed name of Authorized Officer or employee:		Dewaine Wilson	
Title or position of Authorized Officer or employee:		Controller	
Telephone number of Authorized Officer or employee:		843 538-9382	
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).			
Name of Reporting Carrier:		PALMETTO RURAL COOP	
Signature of Authorized Officer or employee:		Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, o=palmetto rural coop, Date: 5/13/2014	
Printed name of Authorized Officer or employee:		Dewaine Wilson	
Title or position of Authorized Officer or employee:		Controller	
Telephone number of Authorized Officer or employee:		843 538-9382	
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



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Study Area: PALMETTO RURAL COOP (ID: 240536)

## Study Area USAC Reports

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2014 USAC Data Report



## CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/14-6/30/15 Post True-up (Filing) View	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 x 0.95 x 0.95)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)

## NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants)

\*\*NECA estimate provided for informational purposes only - actual to be calculated by USAC.

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Piedmont Rural Telephone Cooperative, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Piedmont Rural Telephone Cooperative, Inc.</u>				
Signature of Authorized Officer <u>Randal J. Odom</u>			Date <u>5-8-14</u>	
Printed name of Authorized Officer <u>Randal J. Odom</u>				
Title or position of Authorized Officer <u>Chief Executive Officer</u>				
Telephone number of Authorized Officer: <u>(864) 682-3131</u> , ext. _____				
Study Area Code of Reporting Carrier		<u>240538</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Piedmont Rural Telephone Cooperative, Inc.

Signature of authorized officer

Date

5-8-14

Printed name of authorized officer Randal J. Odom

Title or position of authorized officer Chief Executive Officer

Telephone number of authorized officer: (864) 682-3131, ext.

Study Area Code of Reporting Carrier

240538

Filing Due Date for this form  
(mm/dd/yyyy)

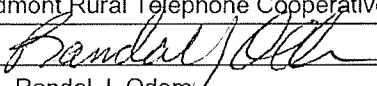
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Piedmont Rural Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5-8-14
Printed name of authorized officer		Randal J. Odom			
Title or position of authorized officer		Chief Executive Officer			
Telephone number of authorized officer: (864) 682-3131, ext.					
Study Area Code of Reporting Carrier		240538	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					





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**Study Area: PIEDMONT RURAL COOP (ID: 240538)**

### Study Area USAC Reports

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2014 USAC Data Report



#### CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/14-6/30/15 Post True-up (Filing) View	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 x 0.95 x 0.95)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)

#### NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants)

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PBT Telecom, d/b/a Comporium

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:		PBT TELECOM, INC.	
Signature of Authorized Officer:		L. Spearman	
		Digitally signed by L. Spearman DN: cn=L. Spearman, email=bspearman@pbttel.net, O=pbt telecom, inc.,  c=, Date: 5/7/2014	
Printed name of Authorized Officer:		L. Spearman	
Title or position of Authorized Officer:		Director of Business Development	
Telephone number of Authorized Officer:		803-894-1104	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier:		PBT TELECOM, INC.	
Signature of Authorized Officer or employee:		L. Spearman <small>Digitally signed by L. Spearman DN: cn=L. Spearman, email=bspearman@pbtel.net, o=pbt telecom, inc.,  # , Date: 5/7/2014</small>	
Printed name of Authorized Officer or employee:		L. Spearman	
Title or position of Authorized Officer or employee:		Director of Business Development	
Telephone number of Authorized Officer or employee:		803-894-1104	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).			
Name of Reporting Carrier:		PBT TELECOM, INC.	
Signature of Authorized Officer or employee:		L. Spearman	
Printed name of Authorized Officer or employee:		L. Spearman	
Title or position of Authorized Officer or employee:		Director of Business Development	
Telephone number of Authorized Officer or employee:		803-894-1104	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



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Study Area: PBT TELECOM, INC. (ID: 240539)

Holding Company: COMPORIUM, INC. (ID: 200000068)

## Study Area USAC Reports

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2014 USAC Data Report



## CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/14-6/30/15 Post True-up (Filing) View	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 x 0.95 x 0.95)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Intercarrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)

## NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants)

\*\*NECA estimate provided for informational purposes only - actual to be calculated by USAC.

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Ridgeway Telephone Company, d/b/a TruVista  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier		<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>	
Signature of Authorized Officer		Date	
<i>Cheryl C. Wylie</i>		<i>6/10/2014</i>	
Printed name of Authorized Officer		<i>Cheryl C. Wylie</i>	
Title or position of Authorized Officer		<i>VP Controller</i>	
Telephone number of Authorized Officer.		<i>(803) 581 9133</i> ext. <i>----</i>	
Study Area Code of Reporting Carrier	<b>240541</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>
---------------------------	---

Signature of Authorized Officer	<i>Cheryl C. Wylie</i>	Date	<i>4/10/2014</i>
---------------------------------	------------------------	------	------------------

Printed name of Authorized Officer	<i>Cheryl C. Wylie</i>
------------------------------------	------------------------

Title or position of Authorized Officer	<i>VP Controller</i>
---	----------------------

Telephone number or Authorized Officer.	<i>(803) 581 9133</i> ext. <i>----</i>
---	--

Study Area Code of Reporting Carrier	<b>240541</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer

*Cheryl C Wylie*

Date

*6/10/2014*

Printed name of Authorized Officer

*Cheryl C Wylie*

Title or position of Authorized Officer

*VP Controller*

Telephone number or Authorized Officer.

*(803) 581 9133* ext. *----*

Study Area Code of Reporting Carrier

**240541**

Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Date (enter w/leading \*):  
Holding Company:  
Filing Name:

6/16/2014  
TruVista Communications, Inc.  
TruVista Communications, Inc. d/b/a Ridgeway Telephone Company

ARCRCTRP-CAF-1

Study Area	EXCHANGES	Rate Ceiling Component Charges Calculation (\$1.915(b)(11) )															MULTI-LINE BUSINESS						nonCentrex		Centrex	
		RESIDENCE / NP / BRI / SLB (excluding Lifeline)															nonCentrex						Centrex		Centrex	
		Stand-alone B1 rate	Mandatory	EAS	Zone	Mandatory	State	SLC	E911	TBS	USE	Federal	Comp. Chgs w/o ARC	Total Crnt Yr Rate Ceiling	Max Total Rate Ceiling	Res / NP / BRI Previous	SLB Yr Tariffed	ARC Rate	SLB Yr Tariffed	ARC Rate	SLB Yr Tariffed	ARC Rate				
State1		\$	15.50	\$	-	\$	-	\$	-	\$	0.61	\$6.50	\$23.86	\$23.50	\$1.00	\$1.00	\$	\$	\$2.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 2	-	-	-	-	-	-	\$0.00	\$0.00	\$0.25	\$0.61	\$6.50	\$23.86	\$23.50	\$1.00	\$1.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 3	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 4	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 5	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 6	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 7	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 8	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 9	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 10	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 11	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				
S1Study/Area	Example 12	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	-	\$0.00	\$0.00	\$0.00	\$0.00				

4/16/2014  
nubia Communications, Inc.  
nubia Communications, Inc. d/b/a Nubia Telephone Company

Infinite Communications, Inc. d/b/a Ringway Telephone Company

Holding Company:  
Filing Name:

$$\text{Expected AIC Revenue} = \text{Expected CAF ICC Support}$$

Residual Rate Ceiling:  $(51.915)(0.127)$   
 Maximum MLD SLG-ABC:  $(51.915)(0.15)(u)$   
 Max ABC for current year: Res/SLG  
 Max ABC for current year: MLE  
 Max ABC increase per year: Res/SLG  
 Max ABC increase per year: MLE

[illegible]

# REDACTED FOR PUBLIC INSPECTION

Filing Date (enter w/leading '0'):  
 Holding Company:  
 Filing Name:

6/16/2014  
 TruVista Communications, Inc.  
 TruVista Communications, Inc. d/b/a Ridgeway Telephone Company

ARC-TUP

Summary by Study Area				
Study Area Names	Study Area	51.915(b)(4) Expected Revenues for ARC	51.915(b)(13) True Up Revenues for ARC	51.915(d)(iii)(F) Eligible Recovery: Expected Rev for ARC less True Up Rev for ARC
SC: Ridgeway Telephone Company	240541			
	Total			

[illegible]



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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office switching, landline switching, and common transport

the population with data and formulas

Sandhill Telephone Cooperative, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:		SANDHILL TEL COOP	
Signature of Authorized Officer:		Lee Chambers	
		Digitally signed by Lee Chambers DN: cn=Lee Chambers, email=lee.chambers@shic.net, O=sandhill tel coop, c=Jefferson SC 29718, Date: 5/16/2014	
Printed name of Authorized Officer:		Lee Chambers	
Title or position of Authorized Officer:		CEO/Manager	
Telephone number of Authorized Officer:		843-658-6379	
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SANDHILL TEL COOP

**Lee Chambers**

Digitally signed by Lee Chambers DN cn=Lee Chambers, email=lee.chambers@shhc.net, O=sandhill tel coop, l=Jefferson SC 29718, Date: 5/16/2014

Signature of Authorized Officer or employee:

Date: 5/16/2014

Printed name of Authorized Officer or employee:

Lee Chambers

Title or position of Authorized Officer or employee:

CEO/Manager

Telephone number of Authorized Officer or employee:

843-658-6379

Study Area Code of Reporting Carrier

240546

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: SANDHILL TEL COOP

**Lee Chambers**

Digitally signed by Lee Chambers DN: cn=Lee Chambers, email=lee.chambers@shhc.net, O=sandhill tel coop, c=Jefferson SC 29718, Date: 5/16/2014

Signature of Authorized Officer or employee:

Date: 5/16/2014

Printed name of Authorized Officer or employee:

Lee Chambers

Title or position of Authorized Officer or employee:

CEO/Manager

Telephone number of Authorized Officer or employee:

843-658-6379

Study Area Code of Reporting Carrier

240546

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



## 2014 CAF ICC Data Collection Update

[NECA Home](#) [NECA Data Collections](#) [Contact Us](#) [General Instructions](#) [Logout](#)

Logged in User: Mark Ozanick


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Study Area: SANDHILL TEL COOP (ID: 240546)

## Study Area USAC Reports

[View Printer-friendly report](#)

2014 USAC Data Report



## CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Average Schedule

Test Period 7/1/14-6/30/15 Post True-up (Filing) View	
<b>Rate-of-Return (ROR) Carrier Revenue Requirement</b>	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 x 0.95 x 0.95)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
<b>Revenues from Reformed Inter-carrier Compensation (ICC) Rates</b>	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
<b>Eligible Recovery</b>	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
<b>Revenues from Access Recovery Charges (ARC)</b>	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
<b>Connect America Fund (CAF) ICC Support**</b>	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)

## NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants)

\*\*NECA estimate provided for informational purposes only - actual to be calculated by USAC.

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West Carolina Rural Telephone Cooperative, Inc.  
Connect America Fund Certifications and Tariff Data  
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:		WEST CAROLINA RURAL	
Signature of Authorized Officer:		Jeff Wilson	Digitally signed by Jeff Wilson DN:cn=Jeff Wilson, email=jeff.wilson@wctel.net, O=west carolina rural, l=Abbeville SC 29620-0610, Date: 5/16/2014
Printed name of Authorized Officer:		Jeff Wilson	
Title or position of Authorized Officer:		CEO	
Telephone number of Authorized Officer:		864-446-9251	
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier:		WEST CAROLINA RURAL	
Signature of Authorized Officer or employee:		Jeff Wilson	Digitally signed by Jeff Wilson DN: cn=Jeff Wilson, email=jeff.wilson@wctel.net, O=west carolina rural, l=Abbeville SC 29620-0610, Date: 5/16/2014
Printed name of Authorized Officer or employee:		Jeff Wilson	
Title or position of Authorized Officer or employee:		CEO	
Telephone number of Authorized Officer or employee:		864-446-9251	
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: WEST CAROLINA RURAL

**Jeff Wilson**

Digitally signed by Jeff Wilson DN cn=Jeff

Wilson, email=jeff.wilson@wctel.net, O=west carolina rural, l=Abbeville SC 29620-0610, Date: 5/16/2014

Signature of Authorized Officer or employee:

Date: 5/16/2014

Printed name of Authorized Officer or employee:

Jeff Wilson

Title or position of Authorized Officer or employee:

CEO

Telephone number of Authorized Officer or employee:

864-446-9251

Study Area Code of Reporting Carrier

240550

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



## 2014 CAF ICC Data Collection Update

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Study Area: WEST CAROLINA RURAL (ID: 240550)

## Study Area USAC Reports

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2014 USAC Data Report



## CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/14-6/30/15 Post True-up (Filing) View	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 x 0.95 x 0.95)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
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